

**TOWN OF GRAND RAPIDS**  
**2410 48th Street South Wisconsin Rapids WI 54494 (715)424-1821**

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE

APPLICATION FOR POSITION OF:		DATE AVAILABLE
WHAT HOURS ARE YOU <u>NOT</u> AVAILABLE TO WORK? (AM OR PM)	WHAT DAYS ARE YOU <u>NOT</u> AVAILABLE TO WORK? <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Please indicate which types of employment interest you (check more than one box if you wish): <input type="checkbox"/> Permanent (Full-Time) <input type="checkbox"/> Permanent (Part-Time) <input type="checkbox"/> Temporary (Full-Time) until _____ <input type="checkbox"/> Temporary (Part-Time) until _____		

PRESENT ADDRESS - Number Street, City, State, Zip	HOME PHONE (include area code)
MAILING ADDRESS - (if different from above) Number Street, City, State, Zip	BUSINESS PHONE (include area code)

- 1) Do you have access to a car (for some positions, a vehicle is required)? ----- ☐ Yes ☐ No
- 2) Do you have a valid driver's license? ----- ☐ Yes ☐ No
- 3) Are you at least 18 years of age and under 70? ----- ☐ Yes ☐ No
- 4) Are you a U.S. citizen or do you have an entry permit which allows you to work? ----- ☐ Yes ☐ No

EDUCATION AND TRAINING					
Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12		DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME AND LOCATION OF HIGH SCHOOL	
TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.				Circle the number of years in College or University: 1 2 3 4 5 6 7 8	
NAME AND LOCATION	Dates Attended From / To	Credits Earned	Major Field	GPA /Base	Degree Conferred and Year

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certifications. (Be specific):

\_\_\_\_\_

\_\_\_\_\_

FOR SOME POSITIONS, IT MAY BE REQUIRED THAT EMPLOYEES POSSESS CERTAIN PHYSICAL CAPABILITIES. CHECK THE APPROPRIATE BOXES BELOW, WHICH YOU FEEL REFLECT THE PHYSICAL ACTIVITIES IN WHICH YOU CAN ROUTINELY ENGAGE WITHOUT HARM TO YOURSELF OR FELLOW EMPLOYEES. PLEASE BE ASSURED THAT A NEGATIVE ANSWER WILL NOT DISQUALIFY YOU FROM CONSIDERATION.

- 1) LIFTING: ☐ 25 lbs or less ☐ 50 lbs ☐ 75 lbs ☐ 100 lbs or more
- 2) DO YOU HAVE DIFFICULTIES: ☐ Bending or Stooping? ☐ Climbing? ☐ Standing for long period of time? ☐ Working in temperature extremes?
- 3) LIST ANY PHYSICAL LIMITATIONS WHICH YOU FEEL MAY RELATE TO THE WORK FOR WHICH YOU ARE APPLYING:

- 4) HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ Yes ☐ No
- 5) FOR WHAT HAVE YOU BEEN CONVICTED, WHEN, AND WHERE? \_\_\_\_\_

IF THERE WERE EXTENUATING CIRCUMSTANCES, OF WHICH WE SHOULD BE AWARE, PLEASE STATE ON SEPARATE SHEET.  
(Existence of a criminal record does not constitute an automatic bar to employment.)

- Do you presently hold a Commercial Driver's License? ☐ Yes ☐ No
- Are you able to obtain a Commercial Driver's License? ☐ Yes ☐ No

## 6) Employment

Begin with current or most recent employer. List chronologically all employment.

Name and Address of Employer	Dates	Position and Kind of Work
Name: _____	From _____ To _____	Reason for Leaving
Street: _____		
City, State _____	Full Time <input type="checkbox"/>	
Supervisor's Name/Telephone: _____	Part Time <input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO		
Name and Address of Employer	Dates	Position and Kind of Work
Name: _____	From _____ To _____	Reason for Leaving
Street: _____		
City, State _____	Full Time <input type="checkbox"/>	
Supervisor's Name/Telephone: _____	Part Time <input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO		
Name and Address of Employer	Dates	Position and Kind of Work
Name: _____	From _____ To _____	Reason for Leaving
Street: _____		
City, State _____	Full Time <input type="checkbox"/>	
Supervisor's Name/Telephone: _____	Part Time <input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO		
Name and Address of Employer	Dates	Position and Kind of Work
Name: _____	From _____ To _____	Reason for Leaving
Street: _____		
City, State _____	Full Time <input type="checkbox"/>	
Supervisor's Name/Telephone: _____	Part Time <input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO		
Name and Address of Employer	Dates	Position and Kind of Work
Name: _____	From _____ To _____	Reason for Leaving
Street: _____		
City, State _____	Full Time <input type="checkbox"/>	
Supervisor's Name/Telephone: _____	Part Time <input type="checkbox"/>	
May we contact the employer/supervisor? Yes NO		